

**Norridge Police Department**

**Accident Review Board**

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober		x	
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 07/16/15

M/V Crash: 15-09165

Officer: Sgt. Schober #203

Squad #519

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course" may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1b.

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC	1	10	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	U1	U2	VEHD	U1	U2	PPA	PPL								
U1	U2	N/A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

## INVESTIGATING AGENCY

NOKKIDGE P.D.

DAMAGE TO ANY  
ONE PERSON'S  
VEHICLE / PROPERTY

\$500 OR LESS  
\$501 - \$1,500  
OVER \$1,500

TYPE OF REPORT  
ON SCENE  
NOT ON SCENE (DESK REPORT)  
AMENDED

No Injury / Drive Away  
B Injury and / or Tow Due To Crash

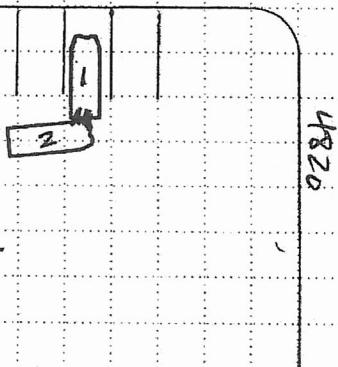
\*POLICE\*


\*U130292004\*

ADDRESS NO.	HIGHWAY or STREET NAME						City	Township	INTERSECTION RELATED	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	DATE OF CRASH	TIME	LARS CODE	TRFW
4820	CUMBERLAND						NIA		7/14/15	7:34 AM	78400CMB	9		
(CIRCLE) FT / M I N E S W	BUSINESS PARKING LOT						COUNTY	COOK	PRIVATE PROPERTY	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	DOORING WITH	NUMBER MOTOR VEHICLES INVLD	LARS CODE	VEHT
AT INTERSECTION WITH	(NAME OF INTERSECTION OR ROAD FEATURE)						HIT & RUN	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	PEDALCYCLIST?	Y <input type="checkbox"/> N	2	59998SPC	U1	
NAME <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NCV		DATE OF BIRTH		MAKE	MODEL	YEAR	CIRCLE NUMBER(S) FOR DAMAGED AREA(S)			FRONT	Y N	NO. LANES		
(LAST, FIRST, MI) TOMCZYK, SONIA A		mo	day	yr	MAZDA	3	12	00 - NONE	1 - UNDER CARRIAGE	2	TOWED DUE TO CRASH			
STREET ADDRESS OAK PARK AVE		SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	10 - TOTAL (ALL AREAS)	11 - TOTAL (ALL AREAS)	3	FIRE			
CITY HAWTHORPE HEIGHTS IL		INJURY	EJECT	VIN				12 - OTHER	99 - UNKNOWN	4	CELLPHONE			
TELEPHONE 708		DRIVER LICENSE NO.	STATE IL	CLASS 0	VEHICLE OWNER (LAST, FIRST MI)	POINT OF FIRST CONTACT			S	EXCEED SPEED LIMIT				
TAKEN TO NIA		EMS AGENCY NIA		OWNER ADDRESS (STREET, CITY, STATE, ZIP)			INSURANCE CO. ERIE INS. EXCHANGE			COM VEH	* IF YES SEE SIDEBAR	RSUR	1	
										TELEPHONE	POLICY NO.	VEHU	7	
												U1		
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(LAST, FIRST, MI)		mo	day	yr	FORD	CROWN VICTORIA	11	00 - NONE	1 - UNDER CARRIAGE	2	TOWED DUE TO CRASH			
STREET ADDRESS		SEX	SAFT	AIR	PLATE NO.	STATE	YEAR	10 - TOTAL (ALL AREAS)	11 - TOTAL (ALL AREAS)	3	FIRE			
CITY		STATE	ZIP	INJURY	EJECT	VIN	12 - OTHER	99 - UNKNOWN	4	CELLPHONE				
TELEPHONE 708-453-4770		DRIVER LICENSE NO.	STATE	CLASS	VEHICLE OWNER (LAST, FIRST MI)	POINT OF FIRST CONTACT			8	EXCEED SPEED LIMIT				
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												U2		
												RDEF	1	
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												U2		

U130292004

A Diagram and Narrative are required on all Type B crashes,  
even if units have been moved prior to the officer's arrival.

INDICATE NORTH  
BY ARROWNOT TO  
SCALE

## NARRATIVE (Refer to vehicle by Unit No.)

RIO LEARNED THE FOLLOWING: UNIT 1 RELATED SHE WAS BACKING FROM A PARKING SPOT IN THE BUSINESS PARKING LOT LOCATED AT 4820 CUMBERLAND WHEN THE REAR BUMPER STRUCK FRONT DRIVER SIDE FENDER OF UNIT 2 (PARKED). UNIT 2 RELATED HE WAS OUTSIDE OF HIS VEHICLE WHEN HE NOTICED UNIT 1 BACKING FROM THE PARKING SPOT AND STRIKE HIS VEHICLE. NO INJURIES REPORTED ON SCENE. UNIT 1 WAS ISSUED THREE CITATIONS FOR IMPROPER BACKING, MORE THAN ONE PASSENGER UNDER AGE 20, DAMAGE TO VILLAGE PROPERTY. UNIT 2 WAS A MARKED POLICE VEHICLE (519).

LOCAL USE ONLY

U1 Color BLACK  
U1 Towed by / to NIA

U2 Color BLACK  
U2 Towed by / to

U2 Towed by / to

NIA

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NIA

CITY/STATE/ZIP \_\_\_\_\_

USDOT NO. \_\_\_\_\_

ILCC NO. \_\_\_\_\_

Source of above info.  Side of Truck  Papers  Driver  Log Book

Gross Vehicle Weight Rating (GVWR) \_\_\_\_\_

Were HAZMAT placards displayed on the vehicle?  Y  N

If yes, name on placard \_\_\_\_\_

4-digit UN no. \_\_\_\_\_ 1-digit Hazard Class no. \_\_\_\_\_

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)?  Y  N  UNKDid HAZMAT Regulations violation contribute to the crash?  Y  N  UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash?  Y  N  UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT  Y  N  UNK Out of Service?  Y  N  
MCS  Y  N  UNK Out of Service?  Y  N

Form No. \_\_\_\_\_

IDOT PERMIT NO. \_\_\_\_\_ WIDE LOAD?  Y  NTRAILER WIDTH(S): 0-96"  97-102"  >102"TRAILER 1 TRAILER 2 

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft NO. OF AXLES \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION \_\_\_\_\_

CARGO BODY TYPE \_\_\_\_\_ LOAD TYPE \_\_\_\_\_